



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		254476.67
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	246803.29									
(c) Total Receipts (from Line 19) .....	31941.42	33955.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	278744.71	288432.24								
7. Total Disbursements (from Line 31) .....	21295.46	30982.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	257449.25	257449.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28321.42	29271.42
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3620.00	4684.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31941.42	33955.57
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	31941.42	33955.57
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	31941.42	33955.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31941.42	33955.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	595.46	847.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	595.46	847.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	29935.60
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	200.00	200.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	200.00	200.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21295.46	30982.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21295.46	30982.99

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	31941.42	33955.57
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31741.42	33755.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	595.46	847.39
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	595.46	847.39

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Joshua Ahlstrom		Date of Receipt MM / DD / YYYY 09 / 19 / 2007		
	Mailing Address 10640 Blackthorn Ct.		<b>Transaction ID:</b> SA11AI.7374		
	City Fishers	State IN	Zip Code 46038	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Midwest Orthotic Services		Occupation Orthotist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1950.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Brandt		Date of Receipt MM / DD / YYYY 11 / 13 / 2007		
	Mailing Address 455 S Washington St., Suite 11		<b>Transaction ID:</b> SA11AI.7418		
	City Gettysburg	State PA	Zip Code 17325	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ability Prosthetics & Orthotic		Occupation President		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ross Bremer		Date of Receipt MM / DD / YYYY 09 / 19 / 2007		
	Mailing Address 1502 Beach Avenue		<b>Transaction ID:</b> SA11AI.7379		
	City Atlantic Beach	State FL	Zip Code 32233	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Bremer Group Company		Occupation Prosthetist/Orthotist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) J. Martin Carlson		Date of Receipt	
	Mailing Address 1753 200th Ave.		M M / D D / Y Y Y Y Y 09 / 19 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.7345
	Mora	MN	55051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Tamarack Rehabilitation		Occupation Prosthetist/Orthotist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) J. Martin Carlson		Date of Receipt	
	Mailing Address 1753 200th Ave.		M M / D D / Y Y Y Y Y 09 / 19 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.7362
	Mora	MN	55051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Tamarack Rehabilitation		Occupation Prosthetist/Orthotist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Rodney Cheney		Date of Receipt	
	Mailing Address 1010 S. 35th St.		M M / D D / Y Y Y Y Y 09 / 19 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.7343
	West Des Moines	IA	50265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer American P&O, Inc.		Occupation Prosthetist/Orthotist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. William DeToro, CO	Date of Receipt MM / DD / YYYY 09 / 19 / 2007
	Mailing Address 3409 Olde Winter Trail	<b>Transaction ID:</b> SA11AI.7378
	City State Zip Code Poland OH 44514	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Anatomical Concepts Occupation: Orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. William DeToro, CO	Date of Receipt MM / DD / YYYY 10 / 30 / 2007
	Mailing Address 3409 Olde Winter Trail	<b>Transaction ID:</b> SA11AI.7410
	City State Zip Code Poland OH 44514	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Anatomical Concepts Occupation: Orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathy Dodson	Date of Receipt MM / DD / YYYY 10 / 12 / 2007
	Mailing Address 8120 Fort Hunt	<b>Transaction ID:</b> SA11AI.7399
	City State Zip Code Alexandria VA 22308	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll deduction 32.50 biweekly
	Name of Employer: American O&P Association Occupation: Orthotics & Prosthetics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 395.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1245.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathy Dodson	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 8120 Fort Hunt	<b>Transaction ID:</b> SA11AI.7426
	City State Zip Code Alexandria VA 22308	Amount of Each Receipt this Period 273.00
	FEC ID number of contributing federal political committee. C	payroll deduction 45.50 biweekly
	Name of Employer Occupation American O&P Association Orthotics & Prosthetics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 668.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Fenner, CP	Date of Receipt MM / DD / YYYY 10 / 09 / 2007
	Mailing Address 406 S. Louisville Avenue	<b>Transaction ID:</b> SA11AI.7402
	City State Zip Code Tulsa OK 74112	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OrPro, Inc. Prosthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Anthony J. Filippis	Date of Receipt MM / DD / YYYY 09 / 19 / 2007
	Mailing Address 4477 Forsyth	<b>Transaction ID:</b> SA11AI.7363
	City State Zip Code Troy MI 48098-3776	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Wright & Filippis, Inc. Prosthetist/Orthotist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1173.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Steven Filippis, CP

Mailing Address 722 Lloyd Ave.

City State Zip Code  
Royal Oak MI 48073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wright & Filippis Prosthetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

**Transaction ID:** SA11AI.7344

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Edward Gildehaus, III

Mailing Address 3437 Chestnut Hill Lane

City State Zip Code  
Lexington KY 40509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Central Brace & Prosthetics Prosthetist/Orthotist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 07 / 2007

**Transaction ID:** SA11AI.7419

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Hamontree

Mailing Address 11 Adriana

City State Zip Code  
Newport Coast CA 92657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OrPro Orthotics & Prosthetics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

**Transaction ID:** SA11AI.7372

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Sam Hamontree

Mailing Address 14 Rue Villars

City State Zip Code  
Newport Beach CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OrPro Inc. Prosthetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2007

**Transaction ID:** SA11AI.7391

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Don Hardin

Mailing Address 20254 Cedar Cliff Drive

City State Zip Code  
Lawrenceburg IN 47025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Otto Bock Healthcare Orthotics & Prosthetics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2007

**Transaction ID:** SA11AI.7332

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas F. Kirk

Mailing Address 2 Bethesda Metro Center

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hanger Orthopedic Group Orthotics & Prosthetics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2007

**Transaction ID:** SA11AI.7394

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Harry J. Lawall, Jr.	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 205 St. Andrews Place	<b>Transaction ID:</b> SA11AI.7414
	City State Zip Code Newtown PA 18940	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Harry J. Lawall & Son Occupation prosthetist/orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Harry Layton	Date of Receipt MM / DD / YYYY 09 / 19 / 2007
	Mailing Address 7520 SW Forest Drive	<b>Transaction ID:</b> SA11AI.7334
	City State Zip Code Lawton OK 73505	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lawton Brace & Limb Occupation Prosthetist/Orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Catherine Leimkuehler	Date of Receipt MM / DD / YYYY 09 / 26 / 2007
	Mailing Address 28575 Westlake Village Apt. A213	<b>Transaction ID:</b> SA11AI.7393
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PEL Supply Company Occupation Orthotics & Prosthetics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Jon Leimkuehler	Date of Receipt MM / DD / YYYY 08 / 14 / 2007
	Mailing Address 1069 Tall Trees Drive	<b>Transaction ID:</b> SA11AI.7321
	City State Zip Code Pittsburgh PA 15241	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Union Orthotics & Prosthetics Occupation: Prosthetist/Orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert Leimkuehler, CPO	Date of Receipt MM / DD / YYYY 09 / 19 / 2007
	Mailing Address 30055 Persimmon Ave.	<b>Transaction ID:</b> SA11AI.7371
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Leimkuehler, Inc. Occupation: Prosthetist/Orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. William Leimkuehler, CPO	Date of Receipt MM / DD / YYYY 09 / 19 / 2007
	Mailing Address 205 North Leavitt Road	<b>Transaction ID:</b> SA11AI.7365
	City State Zip Code Amherst OH 44001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Leimkuehler Orthotic-Prosthetic Occupation: Prosthetist-Orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas LeTourneau		Date of Receipt MM / DD / YYYY 10 / 30 / 2007		
	Mailing Address 2554 Harrison		<b>Transaction ID:</b> SA11AI.7408		
	City Beaumont	State TX	Zip Code 77702	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer LeTourneau Lifelike Orthotics	Occupation Prosthetist/Orthotist	Aggregate Year-to-Date 2000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen McNamee, CP		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address 16250 N. 63rd Street		<b>Transaction ID:</b> SA11AI.7411		
	City Scottsdale	State AZ	Zip Code 85254	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Artisan Prosthetics	Occupation Prosthetist	Aggregate Year-to-Date 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Kimber Nation		Date of Receipt MM / DD / YYYY 10 / 03 / 2007		
	Mailing Address 4557 Lawnvale Drive		<b>Transaction ID:</b> SA11AI.7392		
	City Gainesville	State VA	Zip Code 20155	Amount of Each Receipt this Period 220.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American O&P Association	Occupation Orthotics & Prosthetics	Aggregate Year-to-Date 412.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2720.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Kimber Nation	Date of Receipt MM / DD / YYYY 10 / 12 / 2007
	Mailing Address 4557 Lawnvale Drive	<b>Transaction ID:</b> SA11AI.7398
	City State Zip Code Gainesville VA 20155	Amount of Each Receipt this Period 200.04
	FEC ID number of contributing federal political committee. C	Payroll deduction 33.34 biweekly
	Name of Employer American O&P Association Occupation Orthotics & Prosthetics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 612.54	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kimber Nation	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 4557 Lawnvale Drive	<b>Transaction ID:</b> SA11AI.7425
	City State Zip Code Gainesville VA 20155	Amount of Each Receipt this Period 233.38
	FEC ID number of contributing federal political committee. C	Payroll deduction 38.90 biweekly
	Name of Employer American O&P Association Occupation Orthotics & Prosthetics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 845.92	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Old	Date of Receipt MM / DD / YYYY 09 / 19 / 2007
	Mailing Address 17530 Dugdale	<b>Transaction ID:</b> SA11AI.7352
	City State Zip Code South Bend IN 46635	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Midwest Orthotics Occupation Orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1433.42
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
James B. Price, Jr.  
Mailing Address 8478 Rocky River Rd

City State Zip Code  
Harrisburg NC 28075

FEC ID number of contributing federal political committee. **C**

Name of Employer: Faith Prosthetic - Orthotic  
Occupation: Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt: 09 / 19 / 2007  
Transaction ID: SA11AI.7369  
Amount of Each Receipt this Period: 600.00

**B.** Full Name (Last, First, Middle Initial)  
Walter Racette  
Mailing Address 776 Rhode Island St. #101

City State Zip Code  
San Francisco CA 94107

FEC ID number of contributing federal political committee. **C**

Name of Employer: O&P Center at UCSF  
Occupation: Prosthetist-Orthotist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 09 / 19 / 2007  
Transaction ID: SA11AI.7364  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Roberts, CPO  
Mailing Address RR2 Box 107B

City State Zip Code  
Holidayburg PA 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer: Allegheny O&P  
Occupation: Prosthetist/Orthotist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt: 09 / 19 / 2007  
Transaction ID: SA11AI.7335  
Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Timothy Ruth

Mailing Address 17530 Dugdale Dr.

City State Zip Code  
South Bend IN 46635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Midwest Orthotics Orthotist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2007

Transaction ID: SA11AI.7387

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Eric Schopmeyer

Mailing Address 17530 Dugdale Dr

City State Zip Code  
South Bend IN 46635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Midwest Orthotics Orthotist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2007

Transaction ID: SA11AI.7384

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Frank E. Snell

Mailing Address 56 Chenal Circle

City State Zip Code  
Little Rock AR 72223-9566

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Snell Prosthetics & Orthotics Prosthetist/Orthotist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2007

Transaction ID: SA11AI.7329

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Michael Tange

Mailing Address 3855 Princeton Dr

City State Zip Code  
Santa Rosa CA 95405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Accolades P & O Design Orthotist/Prosthetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

**Transaction ID:** SA11AI.7377

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rhonda Turner, LPO

Mailing Address 3262 Westheimer

City State Zip Code  
Houston TX 77098

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Prosthetic Center Prosthetist/Orthotist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 16 / 2007

**Transaction ID:** SA11AI.7423

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Paulette Vaughan

Mailing Address 27657 Bryandale Drive

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PEL Supply Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

**Transaction ID:** SA11AI.7330

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Bernie Veldman

Mailing Address 14391 Taddington Drive

City State Zip Code  
Granger IN 46530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Midwest Orthotic Services Orthotist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2007

**Transaction ID:** SA11AI.7336

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Watson

Mailing Address 3622 Bridge Point

City State Zip Code  
Owensboro KY 42303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tom Watson's O&P Lab Prosthetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

**Transaction ID:** SA11AI.7333

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
James Weber

Mailing Address 13 Executive Drive, Suite 13

City State Zip Code  
Fairview Heights IL 62208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Prosthetic & Orthotic Care Orthotics & Prosthetics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2007

**Transaction ID:** SA11AI.7322

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 24	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Jon Wilson, CPO		Date of Receipt																					
	Mailing Address 7500 Sunrose Drive, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		0	1		2	0	0	7														
	City	State	Zip Code	<b>Transaction ID: SA11AI.7327</b>																				
	Albuquerque	NM	87120	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer Hanger Orthotics and Prosthetics		Occupation Prosthetist-Orthotist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	28321.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.7437 Date of Disbursement 07 / 30 / 2007	Amount of Each Disbursement this Period 43.50
<b>B.</b>	Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.7438 Date of Disbursement 08 / 31 / 2007	Amount of Each Disbursement this Period 8.50
<b>C.</b>	Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.7442 Date of Disbursement 09 / 30 / 2007	Amount of Each Disbursement this Period 8.50

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

60.50

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: SB21B.7443 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	3	1	/	2	0	0	7												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fees - Credit card processing	<table border="1"><tr><td>411.64</td></tr></table>	411.64																		
411.64																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: SB21B.7447 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	3	0	/	2	0	0	7												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fees	<table border="1"><tr><td>78.37</td></tr></table>	78.37																		
78.37																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Suntrust Bank	Transaction ID: SB21B.7448 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	3	1	/	2	0	0	7												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fees	<table border="1"><tr><td>44.95</td></tr></table>	44.95																		
44.95																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>534.96</td></tr></table>	534.96
534.96		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td>595.46</td></tr></table>	595.46
595.46		

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Berkley for Congress

Transaction ID: SB23.7440

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Mailing Address 1210 S Valley View Blvd  
Suite 114

Amount of Each Disbursement this Period

5000.00
---------

City Las Vegas State NV Zip Code 89102

Purpose of Disbursement

--

Candidate Name  
SHELLEY BERKLEY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NV District: 01

B.

Full Name (Last, First, Middle Initial)

BLUEGRASS COMMITTEE

Transaction ID: SB23.7434

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Mailing Address 400 N Capitol St NW #585  
#585

Amount of Each Disbursement this Period

5000.00
---------

City Washington State DC Zip Code 20001

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

MARK PRYOR FOR US SENATE

Transaction ID: SB23.7444

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	0	7

Mailing Address PO BOX 2720

Amount of Each Disbursement this Period

5000.00
---------

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement

--

Candidate Name  
MARK LUNSFORD PRYOR

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AR District: 00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

15000.00
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**TOTAL** This Period (last page this line number only) ..... ►

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name  
MITCH MCCONNELL

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.7433

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1536

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement

Candidate Name  
TIM JOHNSON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

Transaction ID: SB23.7445

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

20500.00